



Patient and Family Advisory Council Charter

<p>PATIENT FAMILY ADVISORY COUNCIL (PFAC): A volunteer council that is representative of the community serving the patients of Signature Healthcare Brockton Hospital, Signature Medical Group, and those patients that are Mass Health members in the Signature Accountable Care Organization (“Signature ACO”).</p>	<p>Calendar Year: 2019 Reports To: President of Signature Healthcare Corporation/Signature ACO, and Signature Healthcare Brockton Hospital (the “President”)</p>
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Charge and Scope:

The Patient Family Advisory Council (PFAC) exists to serve as an advisory resource to the Boards of Trustees, administration and the staff of Signature Healthcare Corporation as the Signature ACO and its affiliates, Brockton Hospital and Signature Medical Group (“collectively, Signature Healthcare”). The PFAC intends to promote strong channels for communication and positive relationships between patients, their families, and Signature Healthcare. The PFAC shall advise the organization on matters including, but not limited to patient and provider relationships, Mass Health member matters participating in the Signature ACO, institutional review boards, quality improvement initiatives, and patient education on safety and quality matters to the extent allowed by the state and federal laws. The PFAC shall prepare and make available to the public and the Massachusetts Department of Public Health an annual report describing the structure and activity of the Council.

The PFAC is dedicated to meeting the mission of Signature Healthcare:

Our Mission at Signature Healthcare is to be a private, not-for-profit, community-based healthcare system which seeks to be recognized as the healthcare provider of choice by patients, staff, and the communities we serve.

The PFAC shall represent and address the needs of the diverse geographic community served by Signature Healthcare. Culturally and linguistically diverse standards are embraced by Signature Healthcare.

The PFAC further intends to meet the Massachusetts Department of Public Health regulations 105 CMR 130.1800/130.1801 as well as those requirements outlined by the Massachusetts Executive Office of Health and Human Services and the Health Policy Commission for Accountable Care Organizations participating in the Mass Health ACO Medicaid 1115 Waiver.

Purpose:

To advise Signature Healthcare on matters including, but not limited to, patient and provider relationships, institutional review boards, quality improvement initiatives, and patient education on safety and quality matters, to the extent allowed by state and federal law. The Patient and Family Advisory Council serves in an advisory capacity to ensure the organization’s commitment to providing patient-centered care.

Goal:

The goal of the PFAC is to facilitate patient and family participation in health care and decision making, information sharing, and policy and program development.

Membership Eligibility:

Patient and/or family members representing the Signature Healthcare geographic service areas are eligible to be members of the Council. In addition, eligibility extends to representation from the diverse ethnic, cultural, socioeconomic populations the organization serves. Diversity in age and disability are considered to ensure that all populations are represented. Members must be committed to building a partnership of advisors and staff, working to understand the needs of the constituent(s) they represent, and to implement programs and policies to address the health care challenges of the Hospital.

Membership Composition:

The Council's voting membership shall be made up of a broad base of up to eight (8) patient/family members. At least 50% of the membership shall be current or former patient or family members of Signature Healthcare and at least one (1) member shall have been a consumer of the Signature ACO or a consumer advocate. Community and staff members shall comprise no more than 50% of the total PFAC membership and represent key service areas, including the Signature ACO, to meet the Council's mission and will have voting privileges. Additional staff support shall be invited on an as-needed basis

Recruitment:

Council members, Signature Healthcare staff and members of the Medical Staff may participate in the recruitment process for PFAC members.

Selection:

Potential members must complete the Signature Healthcare PFAC Application Form. The designated Signature Healthcare representative will conduct an initial interview. Upon a successful initial interview the candidate will be invited to attend a Council Meeting (invited guest). After this meeting, one of the Co-Chairs will interview the candidate. Based upon this interview and comments from the Council members, the Co-Chair will determine the candidate's eligibility for membership. The designated Signature Healthcare representative will notify the candidate of the recommendation.

Participation/Attendance:

The Council meets quarterly. The meetings shall not exceed ninety (90) minutes. Members are expected to attend the regularly scheduled meetings. Special meetings may be called to address various projects or educational sessions. Members may also be requested to participate on other standing organizational committees where their expertise, interest, and/or contributions will benefit the hospital, the medical group, the ACO and the patients whom they serve. Accommodations for interpreters will be provided as needed. Meals/refreshments will be served at regularly scheduled meetings. Members are expected to participate in a minimum of 75% of the annually scheduled meetings.

Active PFAC Membership:

The term of active membership shall be for two (2) years, renewable every two (2) years for a maximum of two (2) terms. A term of membership shall be consistent with Signature Healthcare's fiscal year, October-September. Patient/family members shall be consulted every two (2) years for their renewable membership as applicable. Members may resign or request a leave of absence from the Council at any time during their term. A member may request a leave of absence when unusual or unavoidable circumstances require that the member be absent from meetings and other activities for an extended period of time up to one (1) year. The member shall submit his/her request in writing to the Co-Chairs stating the reason for the request and the length of time

requested. The Co-Chairs will then determine if the request will be accepted. If the member cannot return at the end of the requested leave, he/she will resign from the Council. At any resignation, the Council may choose to add a replacement at that time or to leave the position open until the next rotation of members. A PFAC member may be removed, with or without cause at any time by the Co-Chairs.

Associate PFAC Membership:

Additional Council Members may become Associate Members if there is no open position on the PFAC at the time of application approval. Associate Council Members will be welcome at the PFAC meetings, but will not have voting privileges. An Associate Council Member may represent the Council on committees and projects. They will remain an Associate Council Member until a regular position becomes available on the PFAC. Associate Council Members may stand in for PFAC members on a leave of absence.

Disclosure:

PFAC members are required to annually disclose their involvement(s) with organizations, vendors, and/or any other associations that might produce a business conflict. PFAC members are required to sign a Confidentiality Agreement and to complete the Signature Healthcare Conflict of Interest Questionnaire.

Council Co-Chairs:

The Co-Chairs are appointed by the Signature Healthcare CEO based upon recommendation of the PFAC Executive Sponsor and the PFAC Members.

Co-Chair Responsibilities:

The Co-chairs will be responsible for preparing meeting agendas, chairing and facilitating meetings, coordinating between Council members and staff, providing leadership for the Council members, and serving on organizational committees as requested by the Executive Sponsor. The Co-Chairs are responsible for ensuring meeting minutes are completed and maintained for seven (7) years.

Co-Chair Term:

The term will be two (2) years commencing at the close of the meeting that the CEO has notified the Council of his/her selection.

Co-Chair Resignation:

A Co-chair may request to step down per written notification to the Executive Sponsor. The CEO may appoint an interim Co-chair to serve out the current term.

Senior VP of Operations/CNO:	PFAC Executive Sponsor
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Council Orientation, Training, Continuing Education:

New members of PFAC are oriented before they attend their first PFAC meeting. Orientation includes an overview of the general information about Signature Healthcare; Signature Healthcare’s Mission, Vision and Values; confidentiality, emergency and safety procedures; fire safety; and personal safety. The PFAC Co-chairs are responsible for ensuring all new PFAC members have successfully completed their orientation. Training and continuing education for Council members will be provided on an as-needed basis, dependent on the member’s specific role and any changes in the organization’s services, structure, or operations that might impact the Council members.

Meeting Schedule:

Meetings will be held at Signature Healthcare Brockton Hospital in a designated location in October, January, April, and July. Meeting dates will be determined by the Co-Chairs with Council member consensus on an annual basis.

Special Meetings:

Special meetings may be called by the Co-Chairs as deemed necessary. Council members will be provided at a minimum 48-hour notice of the special meeting. An agenda will be provided with the notification.